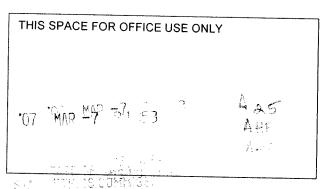


## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Alston Paul 524-1800 MAILING ADDRESS (Street) FAX 1001 Bishop Street ASB 1800 524-4591 (City) (State) (Zip Code) Honolulu Hawaii 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Alston Hunt Floyd & Ing 524-1800 MAILING ADDRESS (Street) FAX 1001 Bishop Street ASB 1800 524-4591 (City) (State) (Zip Code) Honolulu Hawaii 96813

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU	TELEPHONE		
Alston Hunt Floyd & Ing	524-1800		
MAILING ADDRESS (Street)	FAX		
1001 Bishop Street ASB 1800		524-4591	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
William M. Kaneko		524-1800	
MAILING ADDRESS (Street)		FAX	
1001 Bishop Street ASB 1800		524-4591	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

DADT III. DESCRIPTION OF CUR INCTO UPON MURICIPAL TOTAL					
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby cetify that th	e information furnished abov	e is, to the best of my knowledg	ge correct and complete		
1/2-					
			317107		
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Paul Alston		President & Director			
		LIESIUELIK & DIJECTOL			
MARKE OF OBOANIERS TON #4					
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
Alston Hunt Floyd & Ing	,				
•	,		TELEPHONE 524-1800		
•	,		524-1800		
Alston Hunt Floyd & Ing			524-1800 FAX		
Alston Hunt Floyd & Ing			524-1800		
Alston Hunt Floyd & Ing		(2	524-1800 FAX 524-4591		
Alston Hunt Floyd & Ing MAILING ADDRESS (Street) 1001 Bishop Street ASE (City)	3 1800 (State)	•	524-1800 FAX 524-4591 Zip Code)		
Alston Hunt Floyd & Ing MAILING ADDRESS (Street) 1001 Bishop Street ASE (City) Honolulu	3 1800 (State) Hawaii	9	524-1800 FAX 524-4591 Zip Code) 6813		
Alston Hunt Floyd & Ing MAILING ADDRESS (Street) 1001 Bishop Street ASE (City) Honolulu	3 1800 (State) Hawaii	9	524-1800 FAX 524-4591 Zip Code) 6813		
Alston Hunt Floyd & Ing MAILING ADDRESS (Street) 1001 Bishop Street ASE (City) Honolulu	3 1800 (State) Hawaii	•	524-1800 FAX 524-4591 Zip Code) 6813		
Alston Hunt Floyd & Ing  MAILING ADDRESS (Street)  1001 Bishop Street ASE  (City)  Honolulu  I hereby authorize the	3 1800 (State) Hawaii	gage in lobbying activities on b	524-1800 FAX 524-4591 Zip Code) 6813		